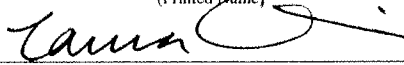


IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Heinz-Josef LENZ, et al.
Title: POLYMORPHISMS FOR
PREDICTING DISEASE AND
TREATMENT OUTCOME
Appl. No.: 10/522,664
International Filing Date: 7/31/2003
371(c) Date: 8/3/2005
Examiner: Carla J. Myers
Art Unit: 1634
Confirmation
Number: 8635

CERTIFICATE OF ELECTRONIC TRANSMISSION I hereby certify that this paper is being electronically transmitted to the United States Patent and Trademark Office, Alexandria, Virginia via EFS-Web on the date below.
Laura Davis (Printed Name)
 (Signature)
August 10, 2009 (Date of Transmission)

AMENDMENT TRANSMITTAL

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith are the following documents in connection with the above-identified application:

- Amendment/Reply (12 pages);
- Supplemental Information Disclosure Statement (3 Pages)
- Form PTO/SB/08 (1 page) and copies of five cited references.

☒ Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

<input checked="" type="checkbox"/> Extension for response filed within the first month:	\$130.00	\$130.00
<input type="checkbox"/> Extension for response filed within the second month:	\$490.00	\$0.00
<input type="checkbox"/> Extension for response filed within the third month:	\$1,110.00	\$0.00
<input type="checkbox"/> Extension for response filed within the fourth month:	\$1,730.00	\$0.00
<input type="checkbox"/> Extension for response filed within the fifth month:	\$2,350.00	\$0.00
EXTENSION FEE TOTAL:		\$130.00
<input type="checkbox"/> Statutory Disclaimer Fee under 37 C.F.R. 1.20(d):	\$140.00	\$0.00
CLAIMS, EXTENSION AND DISCLAIMER FEE TOTAL:		\$130.00
<input type="checkbox"/> Small Entity Fees Apply (subtract ½ of above):		\$0.00
Extension Fees Previously Paid:		\$0.00
Fees in the amount of \$180.00 to cover the fee associated with an information disclosure statement under 37 CFR §1.97(c)		\$180.00
TOTAL FEE:		\$310.00

The above-identified fees of \$310.00 are being paid by credit card via EFS-Web.

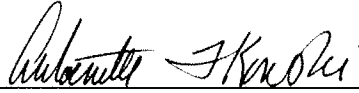
The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by the credit card payment instructions in EFS-Web being incorrect or absent, resulting in a rejected or incorrect credit card transaction, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

If any extensions of time are needed for timely acceptance of papers submitted herewith, applicant hereby petitions for such extension under 37 C.F.R. §1.136 and authorizes payment of any such extensions fees to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date: August 10, 2009

By 

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Customer Number: 38706
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